County: Waukesha CLEARVI EW HOME PO BOX 180198 DELAFI ELD DELAFIELD 53018 Phone: (262) 646-3361
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 13
Total Licensed Bed Capacity (12/31/00): 32
Number of Residents on 12/31/00: 9

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Average Daily Census:

Non-Profit Church Related Skilled No Yes 9

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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00	%				
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation	No Yes No No No No No No No No No	Primary Diagnosis  Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebroyascular	0. 0 0. 0 0. 0 0. 0 0. 0 0. 0 0. 0 0. 0	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	0. 0 0. 0 0. 0 88. 9 11. 1 100. 0 100. 0	Less Than 1 Year 1 - 4 Years More Than 4 Years  *************************  Full-Time Equivale Nursing Staff per 100 R (12/31/00)	55. 6 22. 2 22. 2 100. 0 **********************************
Referral Service	No	Di abetes	0.0	Sex	<del>-</del>	LPNs	94. 3
Other Services	Yes	Respiratory	0. 0			Nursing Assistants	01.0
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	0. 0	Male Fennale	0. 0 100. 0	Ai des & Orderlies	5. 8
Provide Day Programming for	NO		0. 0	Leman e	100. 0		
Developmentally Disabled ************************************	No	**********	******	·************	100.0	**********	*****

## Method of Reimbursement

		Medio (Titlo			Medic Title			0th	er	Pı	r <b>i vate</b>	Pay	N		d Care		Percent
			Per Diem	l		Per Die	m		Per Diem	1		Per Dien	1	]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	2	100.0	\$200.00	0	0. 0	\$0.00	0	0. 0	\$0.00	6	85. 7	\$200.00	0	0. 0	\$0.00	8	88. 9%
Intermediate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	1	14. 3	\$110.00	0	0.0	\$0.00	1	11. 1%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	t 0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Total	2	100.0		0	0.0		0	0.0		7	100.0		0	0.0		9	100.0%

Admissions, Discharges, and Deaths During Reporting Period Percent Admissions from: Private Home/No Home Health 57.9 Private Home/With Home Health 0.0 Other Nursing Homes
Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 0.0 0.0 0.0 0. 0 Other Locations 42.1 Total Number of Admissions 19 Percent Discharges To:
Private Home/No Home Health 22. 2 Private Home/With Home Health 0. 0 Other Nursing Homes 22. 2 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 0.0 0.0 0.0 Other Locations 16. 7 Deaths 38.9 Total Number of Discharges (Including Deaths)

Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12	2/31/00
			6 Needing		Total
Activities of	%	Ass	si stance of	% Totally	Number of
Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Bathi ng	0.0		88. 9	<sup>*</sup> 11. 1	9
Dressing	0. 0		88. 9	11. 1	9
Transferri ng	0.0		88. 9	11. 1	9
Toilet Use	11. 1		66. 7	22. 2	9
Eating	77. 8		11. 1	<b>11. 1</b> ************************************	9
	******				
Continence	1 0 .1 .	%	Special Treat		%
Indwelling_Or Extern		0.0	Receiving R	espiratory Care	0. 0
Occ/Freq. Incontinen		0.0	Recei vi ng T	racheostomy Care	0. 0
Occ/Freq. Incontinent	t of Bowel	0. 0	Recei vi ng S		0. 0
			Receiving 0		0. 0
Mobility				ube Feeding	0. 0
Physically Restraine	d	0. 0	Receiving M	Echanically Altered Diet	s 0.0
Skin Care			Other Residen	t Characteristics	
With Pressure Sores		0. 0		e Directives	0. 0
With Rashes		0. 0	Medications		•
		2. 0		sychoactive Drugs	0. 0

		Ownershi p:		Bed	Si ze:	Li censure:			
	Thi s	This Nonprofit		Under 50		Skilled		Al l	
	Facility	ty Peer Group		Peer Group		Peer Group		Faci l	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	28. 1	91. 5	0. 31	74. 2	0. 38	81. 9	0. 34	84. 5	0. 33
Current Residents from In-County	66. 7	87. 4	0. 76	85. 6	0. 78	85. 6	0. 78	77. 5	0.86
Admissions from In-County, Still Residing	10. 5	27. 5	0. 38	30. 4	0. 35	23. 4	0. 45	21. 5	0.49
Admissions/Average Daily Census	211. 1	115. 2	1. 83	95. 0	2. 22	138. 2	1. 53	124. 3	1. 70
Discharges/Average Daily Census	200. 0	118. 5	1. 69	103. 0	1.94	139. 8	1. 43	126. 1	1. 59
Discharges To Private Residence/Average Daily Census	44. 4	35. 5	1. 25	8. 0	5. 58	48. 1	0. 92	49. 9	0.89
Residents Receiving Skilled Care	88. 9	89. 5	0. 99	73. 4	1. 21	89. 7	0. 99	83. 3	1.07
Residents Aged 65 and Older	100	96. 9	1.03	96. 3	1.04	92. 1	1. 09	87. 7	1. 14
Title 19 (Médicaid) Funded Residents	0.0	<b>57. 6</b>	0.00	50. 5	0.00	65. 5	0.00	<b>69.</b> 0	0.00
Private Pay Funded Residents	77. 8	35. 4	2. 19	45. 2	1. 72	24. 5	3. 18	22. 6	3.44
Developmentally Disabled Residents	0. 0	0.4	0.00	0. 0	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Résidents		30.8	0.00	52. 7	0.00	31. 5	0.00	33. 3	0.00
General Medical Service Residents	0.0	24. 9	0.00	8. 0	0.00	21.6	0.00	18. 4	0.00
Impaired ADL (Mean)	48. 9	50. 5	0. 97	51. 9	0. 94	50. 5	0. 97	49. 4	0. 99
Psychological Problems	0. 0	45. 5	0.00	36. 7	0.00	49. 2	0.00	50. 1	0.00
Nursing Care Required (Mean)	0.0	6. 6	0.00	6. 4	0.00	7. 0	0. 00	7. 2	0.00